

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38466

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2509

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maplewood <u>4544</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.				Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 7428 Hazel Ave.	
3. NAME OF DECEASED (Type or print) First George Middle W. Last Kling				4. DATE OF DEATH Month 10 Day 7 Year 57			
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 20, 1876	
9. AGE (In years last birthday) 81 yrs.		IF UNDER 1 YEAR Months 1 Days 7 Hours 57 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Clay mines	
11. BIRTHPLACE (City and state or country) Illinois				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Daniel Kling				14. MOTHER'S MAIDEN NAME Josephine ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Minnie Kling, 5618 S. Grand			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above, cause, (a), stating the underlying cause last. DUE TO (b) Chronic bronchitis - asthmatic DUE TO (c) Heart disease, Congestive failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Sub Capital hip fracture						INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. Month Day Year Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 10-2-57 to 10-7-57 and last saw her/him alive on 10-7-57 Death occurred at 11:05 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John L. Hagadorn, M.D.				22b. ADDRESS 601 So. Brentwood		22c. DATE SIGNED 10/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-11-57		23c. NAME OF CEMETERY OR CREMATORY Concordia		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				25. DATE RECD. BY LOCAL REG. 10-11-57		26. REGISTRAR'S SIGNATURE Walter R. Donke, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Delia J. Krupin
Licensed Embalmer No. 34
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.